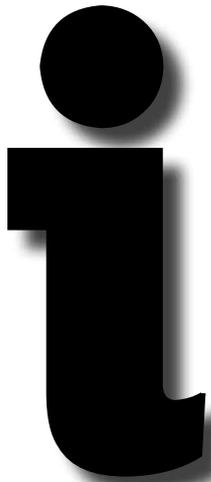


Third & fourth degree perineal tears

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What is a 3rd or 4th degree perineal tear?

Many women experience tears during childbirth. In some cases the tear is deep and involves the muscle that controls the anus (sphincter); this is called a third degree tear. If the tear extends to the lining of the anus, or rectum, it is called a fourth degree tear.

These tears are normally repaired in the operating theatre by a doctor. You are likely to need a catheter (tube) in your bladder to drain urine. This is usually kept in for 24 hours, or until you are able to walk to the toilet. Please ask your midwife if you have any questions about this.

Why do tears happen?

In most instances these tears occur unexpectedly during birth. However, they are more likely if:

- you have had a previous third or fourth degree tear
- this is your first vaginal birth
- you are of South Asian origin
- your second stage of labour (the time from when your cervix is fully dilated to birth) is longer than expected
- you need an assisted delivery (ventouse or forceps)
- you have a large baby.

What is an episiotomy

This is a surgical cut to the muscular layer between the vagina and anus. It is unclear whether an episiotomy will prevent a third or fourth degree tear during a normal vaginal birth. It will only be performed if necessary, and with your consent. If you have had an assisted birth (ventouse or forceps), you are more likely to have an episiotomy.

What should I expect after a third or fourth degree tear?

It is normal to be in some pain or discomfort after delivery, and for 2-3 weeks afterwards, especially when walking or sitting. Take regular painkillers and speak to your GP if you feel the pain is not controlled.

The stitches used to repair the tear are normally dissolvable (check with your doctor or midwife before discharge).

Initially, some women with a third or fourth degree tear find they pass wind more easily or have to rush to the toilet to open their bowels. This should improve and most women make a good recovery. The vast majority of women have no symptoms 1 year after birth.

Labour Ward

 **01722 425183**

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Aftercare

Hygiene: Have a bath or shower at least once a day and change sanitary pads regularly. Always wash your hands BEFORE and after going to the toilet. This prevents the possible passing of infection from your hands to your tear. It is important to wash the area with warm water after opening your bowels and pat dry carefully.

Bowels: You will be given laxatives for 10 days. You should drink at least 2-3 litres of water every day and eat a healthy balanced diet. Try to open your bowels regularly and avoid becoming constipated or straining.

Infection: You will be given antibiotics for one week to help the wound heal and prevent infection. If you notice the stitches becoming more painful or smelly you should contact your GP or midwife.

Pelvic floor exercises: It is important to strengthen the muscles around the vagina and anus by doing pelvic floor exercises as soon as you can after delivery. You will be given information on these by your midwife.

Follow up

All women who have had a third or fourth degree tear should be seen in the clinic for a review at about 6 weeks after delivery. This is to check the tears have healed properly. It is important to mention if you have any problems controlling your bowels.

After you have been discharged from follow up, please speak to your GP about any changes in your symptoms to ensure you get the help you need.

When can I have sex?

Sex can be very uncomfortable after a tear. You should wait until the bleeding has stopped and the tear has healed. This may take several weeks and you may wish to wait until after your check up with the obstetric and gynaecology team. Remember it is possible to conceive a few weeks after delivery, even before you have a period, so you may wish to talk to your GP or midwife about contraception.

Occasionally some women have difficulty having sex or continue to find it painful longer term. Please talk to your GP if you continue to be affected by your symptoms.

Can I have a vaginal birth in the future?

Yes, most women can have a straightforward vaginal birth in the future. However, there is a small increased risk of another third degree tear with approximately 5-7 per 100 women having one. You will have the opportunity to discuss your individual options early in your next pregnancy.

Further information

Bladder and Bowel Foundation: www.bladderandbowelfoundation.org

Royal College of Gynaecology patient information: Assisted vaginal birth (ventouse or forceps) www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps

Shoulder dystocia: www.rcog.org.uk/en/patients/patient-leaflets/shoulder-dystocia